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CONFIRMATION NO. 8593

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**\*\* CONTINUING DATA \*\*\*\*\***  
 This application is a 371 of PCT/EP04/13083 11/18/2004

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***  
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**\*\* IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\***  
 02/26/2007

Foreign Priority claimed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Met after Allowance	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119(a-d) conditions met <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Initials	FRANCE	4	11	3
Verified and Acknowledged <i>Shneider Hoyer</i> Examiner's Signature					

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**TITLE**  
 System for cell culture

<b>FILING FEE RECEIVED</b> 1030	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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